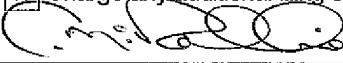


MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER				Docket No. 5000-0110PUS1																																											
Application No. 10/519,214-Conf. #7324	Filing Date December 27, 2004	Examiner S. N. Qazi			Art Unit 1616																																										
Applicant(s): Eberhard AMMERMANN et al.																																															
Invention: FUNGICIDAL MIXTURES BASED ON THE DITHIANON																																															
MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																															
Transmitted herewith is an amendment in the above-identified application.																																															
The fee has been calculated and is transmitted as shown below.																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 2px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>7</td> <td>- 20 =</td> <td>0</td> <td>x 50.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>- 3 =</td> <td>0</td> <td>x 200.00</td> <td>0.00</td> </tr> <tr> <td colspan="6" style="border-top: none;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="border-top: none;">Other fee (please specify): _____</td> </tr> <tr> <td colspan="6" style="border-top: none; border-bottom: 2px solid black;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00</td> </tr> </tbody> </table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	7	- 20 =	0	x 50.00	0.00	Independent Claims	1	- 3 =	0	x 200.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): _____						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00					
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Other fee (please specify): _____																																															
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00																																															
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity			<input type="checkbox"/> No additional fee is required for this amendment.																																												
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 Craig A. McRobbie Attorney Reg. No.: 42,874																																															
Dated: July 10, 2007																																															
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																															